

Voluntary Health Scotland Response: Socio Economic Duty Consultation

24 August 2017

Introduction

1. Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. Our aim is to promote greater recognition of the voluntary health sector and support it to be a valued and influential partner in health and care.
2. The views expressed in our response have been informed through a roundtable meeting of some members of the Health Policy Officers Network.
3. We welcome the Scottish Governments commitment to a socio-economic duty and think that it is a positive initiative that could improve the socio-economic disadvantage faced by people in Scotland.
4. However, we are concerned over its practical application. We think that the duty would benefit from having a clearer explanation of 'due regard' and accessible monitoring structures.
5. It is really important that the guidance and the work of the Public Authorities is informed through meaningful community engagement and public participation.
6. We would also recommend consulting on the draft guidance that will support the implementation of the socio-economic duty.

Socio-economic disadvantage

7. Socio-economic disadvantage "is a complex, multidimensional problem"¹. VHS commend the definition of socio-economic disadvantage as it accurately draws attention towards the distinction between the nature of disadvantage experienced by physical communities and communities of interest. We believe that it is really important to highlight the links between the nature of socio-economic disadvantage and how it affects those that experience it as well as raise awareness of the fact that particular circumstances can further exacerbate the disadvantage people experience.

¹ Hepple, B., "The New Single Equality Act in Britain", The Equal Rights Review, Vol. 5, 2010, pp. 20-21.

8. It is important to note that socio-economic disadvantage is changeable in that people can come in and out of it, depending on their circumstances. It is therefore important that actions taken by public authorities to tackle socio-economic disadvantage are also focused on prevention.
9. It would be useful in the guidance to have a range of case studies that clearly reflect the inequality aspect of socio-economic disadvantage. Alongside citing the explicit types of socio-economic disadvantage it will be useful to give examples depicting the multidimensional nature of socio-economic disadvantage. For example, there is a strong association between people who are living with both long term conditions and mental health problems living in deprived areas and having access to fewer resources. People also suffer from multiple disadvantage.
10. Less obvious examples of communities of interest such as people suffering from mental health issues, should also be included in the guidance. Evidence suggests that people living with mental health issues face a wide range of inequalities² and, that there is a bi-directional relationship between inequalities and mental health: where inequality drives down mental health and poor mental health drives up inequality.³ This also exemplifies how inequalities of outcome such as poor health can actually exacerbate other social and economic inequalities further increasing disadvantage. Having clear cut examples and case studies in the guidance will help to provide a more detailed picture of the complexity of socio-economic disadvantage.

Inequalities of outcome

11. The explanation of inequalities of outcome clearly articulates the complexity of the issues. The interlinked factors from which outcomes for individuals are derived is written in an accessible manner and clearly describes the ways in which strategic decisions could have a positive impact on the socio-economic disadvantage and inequalities of outcomes that people face. It would be useful however, to further exemplify inequalities of outcome by having case studies and examples of the underlying causes.
12. VHS welcomes the Scottish Government emphasis on tackling socio-economic disadvantage through direct measures. It is important to be mindful of how positive interventions aimed at wide segments of the population can actually widen inequalities. We think it is necessary for Public Authorities to produce actions in collaboration with service users and members of the public to get their input on how to mitigate the barriers and issues they face.
13. It is important for the guidance to recognise that there are barriers to people's ability to access and engage with services and interventions. Our research for Living in the Gap shows that 80% of organisations surveyed viewed 'barriers to accessing services' as a

² <https://www.vhscotland.org.uk/responding-to-mental-health-in-scotland-a-10-year-vision/>

³ Scottish Mental Health Partnership. Why Mental Health Matters to Scotland's Future.

https://www.mentalhealth.org.uk/sites/default/files/SMHP%20Special%20Briefing%20Paper%20Why%20Mental%20Health%20Matters%20to%20Scotland's%20Futu..._0.pdf

factor linked to health inequalities⁴. Therefore the guidance should require Public Authorities to explicitly state the measures they will take in order to calibrate services and support mechanisms offered, to the level of disadvantage and inequalities faced.

Strategic Decision

14. Although, strategic decisions are explained in a clear and accessible manner, it is important to note that they can be interpreted differently by individual Public Authorities. It would be useful to work with Public Authorities to get an idea of the wide ranging examples of strategic decisions they make and share best practice and learning across Public Authorities from this exercise. This is also helpful as an initial task for named authorities under the duty to identify which strategic decisions they take and the impact these can have on socio-economic disadvantage. The inclusion of examples of strategic decision making where public authorities should explicitly consider their socio-economic responsibilities would also be really useful in helping define the actions that are required. Alongside providing examples of the types of strategic decisions it may be useful to specify where within a public body the responsibility for these types of decisions may lie.
15. A Logic Model approach may also be useful to exemplify the nature of socio-economic disadvantage, how it can affect people as well as the strategic decisions that can improve outcomes. Interactive Logic Modelling involving the community and experts can help inform the guidance and help identify the causal links between strategic decisions, socio-economic disadvantage and the resulting inequalities of outcome.

Due Regard

16. The definition of due regard is not clear and is open to interpretation. This raises the question of how the duty will be applied consistently across all the different Public Authorities. Having a due regard for socio-economic disadvantage is not enough there needs to be clear and measurable outcomes from all the strategic decisions undertaken by the public authorities.
17. We welcome the need for a clear audit trail for all strategic decision including an assessment of impacts on reducing inequalities of outcome caused by socio-economic disadvantage, for any strategic decision. However, who will monitor this and how can a strategic decision be challenged on its impact on socio-economic disadvantage? Moreover, what happens if Public Authorities are challenged on due regard?
18. It is useful to use existing monitoring frameworks to track whether the socio-economic duty is making a difference. However, these existing frameworks will have information pertaining to specific areas. How will all the disparate information be collated to give an overall indication of the impact of the socio-economic duty and more importantly who will be responsible for this?

⁴ Voluntary Health Scotland. Living in the Gap: A voluntary sector perspective on health inequalities in Scotland. 2015

19. We understand that the Scottish Government will consider strengthening the duty in the future. If this is the case it would be useful to collect information such as impact assessments and an audit trail for all the strategic decisions in a consistent manner. This will ensure that once there is stricter enforcement of the duty the Public Authorities have a constant process of recording the actions required by the duty.

Which Public Authorities

20. It is unusual that NHS Health Scotland is the only Special Health Board that the duty applies to. Much of the focus of NHS Health Scotland's work is on reducing health inequalities and is grounded in the underlying social and economic causes. Their primary role is to work with other organisations to produce and share knowledge of what works and doesn't work, to reduce health inequalities, and to improve how that knowledge is turned into action.

21. Alongside NHS Health Scotland and the Regional Health Boards it is also important to include the other special Health Boards, under the duty. These special Health Boards are already focused on reducing inequalities and by being bound by the duty, this will add an extra focus and give more emphasis to their work. This will maximise the positive impact on the socio-economically disadvantaged areas and communities of interest.

Emphasising co-production and service user input

22. It is really important that guidance and the work of the Public Authorities are informed through public participation. It is imperative that people with lived experience can input to the guidance in a positive and supported manner. There are also projects such as 'Our Voice' that already do this for Health and Social Care services. Third sector organisations has an important role in facilitating the participation of service users and people with lived experience.

23. The Place Standard is an excellent collaborative tool. It allows communities, public agencies, and voluntary groups identify aspects of a place that need to be targeted to improve people's health, wellbeing and quality of life. Using such tools to involve people in decisions that affect them can improve services and initiatives and make sure they are calibrated to the needs of those who use them.

24. VHS recently held a roundtable meeting in collaboration with the Scottish Public Health Network. We invited three LGBTQ organisations with extensive service user experience to input to the meeting. This proved really positive as they could help shape the Scottish Public Health Network's programme of work and provide essential information to strengthen public services.

25. It is imperative that public participation and engagement is supported so that it is meaningful. VHS have supported Audit Scotland during their audit of Health and Social Care Integration, by setting up roundtable events with a range of third sector organisations. The roundtable events have highlighted that non-voting members feel that their representation on the Integrated Joint Boards (IJB) is tokenistic. Carers have noted

that the support receive differs widely, some carers go through an induction process and are well supported whilst others are not. Other barriers to meaningful participation include, receiving large documents at short notice meaning non-voting members on IJBs cannot usefully engage or make decisions. IJBs have also been criticised for the lack of a communications strategy for engaging the general public.

26. Living Streets is an organisation that aims to improve health and wellbeing through walking initiatives. It supports engagement between members of the community and a range of organisations and Public Authorities. Living Streets supports local communities to gather evidence about their local areas and supports them to influence decision makers. This is a really good example of supported community engagement that can help Public Authorities make decisions that will positively impact socio-economic disadvantage.
27. Taking an integrated approach to tackling socio-economic disadvantage is very important, it should be a responsibility that is shared in all strategies, policies and legislation.
28. VHS would recommend using the socio-economic duty in the same way as the PANEL Principles which have been embedded into a range of strategies such as the new 10 Year Mental Health Strategy and the new Health and Social Care Standards as well as policies and legislation. They have also been used across a range of sectors.

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